

CONFIDENTIAL

LOUISIANA OFFICE OF WORKERS' COMPENSATION ADMINISTRATION

POST OFFICE BOX 94040

BATON ROUGE, LOUISIANA 70804-9040

EMPLOYERS APPLICATION FOR THE PRIVILEGE OF PAYING COMPENSATION PROVIDED IN THE LOUISIANA WORKERS' COMPENSATION ACT AS SELF-INSURER

To the Louisiana Office of Workers' Compensation Administration:

The undersigned, an employer subject to the provisions of the Louisiana Workers' Compensation Act, hereby applies for the privilege of becoming a self-insurer for the payment of compensation provided in that Act, and submits the following facts, under oath, to the Louisiana Office of Workers' Compensation Administration to enable it to determine if sufficient financial ability exists to render certain the payment of such compensation:

1. Name of applicant _____

2. Address _____
(Number) (Street) (City or Town) (Parish) (State) (Zip)

3. The applicant is _____
(State whether individual, co-partnership, limited partnership, corporation, receiver or trustee)

4. Describe briefly the general character of the operations performed and the articles manufactured or compounded at or away from the plant or premises of the applicant.

5. Description of employment for ensuring year:

Location of Plant or Plants	Kind of Employment	Estimated Average No. of Employees at all points	Estimated Average No. of Employees- Louisiana	Est. Payroll of all Employees

Please attach sheet if you require additional space

6. If a corporation or limited partnership, list below names of officers, directors, and residence of each:

LDOL-WC-2005

If a partnership, list below names of members and residence of each

Sole Owner _____ Residence _____

7. Very Important: You are required to provide financial statements for the latest three year period. Provide details of any material contingent liabilities not included in the most recent financial statements. _____

Provide details of any customer notes or accounts receivable that have been discounted or sold and not reflected in the most current financial statements. _____

8. Is the applicant a subsidiary? _____ If so, give name and address of parent company.

9. Relate facts, covering the past three years:

Year	Sales	Expenses (Including) Pay Roll	Pay Roll	Profits
Year 19__				
Year 19__				
Year 20__				

Amounts of indebtedness past due _____ \$ _____

Insurance on merchandise _____ \$ _____

Insurance on building and plants _____ \$ _____

10. Safety, sanitation and welfare conditions:

Is your plant inspected otherwise than by State authority? _____

If so, by whom? _____

Have you fulfilled all safety requirements of the Louisiana Department of Labor? _____

11. Past accident experience:

	— Year 19__ —	Year 19 __	Year 20 __
Number of deaths			
Number of dismemberments			
Number of accidents of all kinds			

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In addition to the above summary loss data, all applicants are required to submit their complete latest three years detailed workers' compensation loss data. The guidelines for the loss data report are detailed in Title 40, Chapter 17, Section 1711 of our Fiscal Responsibility Unit Rules.

12. In consideration of the approval of this application, the applicant hereby expressly agrees as follows:

(a) that this privilege may be revoked at any time in the discretion of the Louisiana Office of Workers' Compensation Administration, as provided in Section 1291 (B)(7) of the Act.

(b) That the applicant will fully discharge by cash payments all liabilities that may arise under Title 23, Chapter 10 of the Louisiana Revised Statutes of 1950 and known as the Louisiana Workers' Compensation Act.

(c) The applicant agrees to deposit with the Louisiana Office of Workers' Compensation, as directed by the Office, acceptable security or indemnity bond to secure payment of compensation liabilities in the amount and manner as directed by Office.

(d) This applicant agrees to pay to the Louisiana Office of Workers' Compensation Administration the Administrative and Second Injury Fund Assessments and the initial fee of \$100 as required by law.

(Signature of Applicant)

By _____
(Official & Title)

State of _____

Parish (County) of _____

_____, being first duly sworn, appeared personally and declared that the facts set forth in the foregoing application are true to the best of his knowledge, information and belief.

Subscribed and sworn to before me the ____ day of _____, 20 ____.

(SEAL)

My Commission expires on the ____ day of _____ 20 ____.

(This affidavit may be sworn to before any person authorized to administer an oath)

IMPORTANT

When the applicant is a subsidiary company or a partnership, the Office may require that the Parent company, or any other company or persons holding stock in the applicant company, or a partner or partners in the applicant partnership, shall give satisfaction guarantee that the applicant will fully and promptly pay all sums which are or may become payable under the provisions of the Louisiana Workers' Compensation Act and under the terms of the agreement contained in his application.